

1. LOCAL OFFICE NUMBER

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
LOW EARNINGS AND PARTIAL CLAIM REPORT

PLEASE PRINT USE BLACK INK WHEN COMPLETING THIS FORM (See reverse side for instructions.)

THIS IS TO CERTIFY THAT THIS WORKER WAS EMPLOYED DURING CLAIM WEEK ENDING...

2. WORKER'S NAME

6. SOCIAL SECURITY NUMBER

NAME WORKED UNDER (if different)

3. MAILING ADDRESS

7. CLAIM WEEK ENDING DATE

Month	Day	Year

4. CITY STATE ZIP

5. COUNTY of RESIDENCE (see reverse side for name and code)

8. ☐ FEMALE ☐ MALE

ETHNIC CODE

RACE CODE

☐ 1. Hispanic or Latino

☐ 1. White

☐ 2. Not Hispanic or Latino

☐ 2. Black or African American

☐ 3. Information Not Available

☐ 3. Asian

☐ 4. American Indian or Alaska Native

☐ 5. Native Hawaiian or Other Pacific Islander

☐ 6. Information Not Available

9. EMPLOYER ACCOUNT NUMBER

10. EMPLOYER NAME and TELEPHONE NUMBER

11. TOTAL OF WAGES AND OTHER EARNINGS **DURING THIS WEEK.**

(This includes earnings made with any other employer.)

12. TOTAL MONTHLY PENSION AMOUNT RECEIVED.

(EXCLUDE SOCIAL SECURITY)

13. IS THIS WORKER A CORPORATE OFFICIAL OF THIS BUSINESS? ☐ YES ☐ NO

14. IS THIS WORKER THE CHILD (less than 18 years old), SPOUSE, OR PARENT OF EMPLOYER? (Proprietorships/Partnerships Only) ☐ YES ☐ NO

TO BE COMPLETED BY WORKER

15. HAS YOUR ADDRESS CHANGED SINCE YOU LAST FILED FOR UNEMPLOYMENT INSURANCE BENEFITS?

☐ YES

☐ NO

(It is important that you verify your address in 3, 4, and 5.)

16. I CERTIFY UNDER PENALTY OF PERJURY THAT I AM A CITIZEN OR NATIONAL OF THE UNITED STATES.

☐ YES

☐ NO

(If NO, complete Number 17.)

17. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM IN A SATISFACTORY IMMIGRATION STATUS.

☐ YES

☐ NO

18. WORKER'S TELEPHONE NUMBER:

ITEM 11 ABOVE MUST SHOW TOTAL EARNINGS FROM THIS EMPLOYER AS WELL AS ANY OTHER EMPLOYER.

WORKER'S CERTIFICATION: I certify that I was able to work and available for work during the week claimed. I certify that the answers on this form are true and correct to the best of my knowledge. I understand that the law provides penalties for making false statements to obtain or increase benefits.

EMPLOYER'S CERTIFICATION: I certify that for the period covered by this claim, the worker was employed and accepted all available work.

WORKER'S SIGNATURE

DATE OF PREPARATION

EMPLOYER'S SIGNATURE

RETURN ORIGINAL FORM ONLY

THIS FORM WILL BE MACHINE READ.....DO NOT FOLD OR BEND